

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12959

State File No.

Registrar's No. 47

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074	
1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) Morehouse 8720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) Walkie		a. (First) Lee		c. (Last) McCann	
5. SEX Male		6. COLOR OR RACE White		4. DATE OF DEATH (Month) (Day) (Year) 3-12-1953	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-30-1882		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY Morehouse		11. BIRTHPLACE (State or foreign country) Newport, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sim McCann		13b. MOTHER'S MAIDEN NAME Mattie Harris	
14. NAME OF HUSBAND OR WIFE Susie McCann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. ?	
17. INFORMANT'S SIGNATURE OR NAME Susie Mc, Cann		18. ADDRESS Morehouse, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 weeks		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Profound Secondary Edema	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema 4 Days		DUE TO (c) Border Pulmonary Rival Disease 2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/4, 1953, to 3/12, 1953, that I last saw the deceased alive on 3/12, 1953, and that death occurred at 5:52 m., from the causes and on the date stated above.					
23a. SIGNATURE James C. Mcclure		(Degree or title) MD		23b. ADDRESS Sikeston, Mo.	
23c. DATE SIGNED 3/13/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-14-53	
24c. NAME OF CEMETERY OR CREMATORY Masley cemetery		24d. LOCATION (City, town, or county) Masley, Mo		(State)	
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		FURNERAL DIRECTOR'S SIGNATURE ADDRESS	

RECEIVED
SCOTT COUNTY HEALTH CENTER
CO. FILE NO: 353-74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John Allerton

Licensed Embalmer No. 2941

P. O. Address *Houston, TX*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.